Patient and Citizen Innovation Council in family practice

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Abstract

Problem addressed Patient engagement is integral to the Patient's Medical Home model. Patient-centred care is more than what happens in the examination room. Decisions around clinic processes, work flow, and initiative prioritization also warrant a patient perspective.

Objective of program The Academic Family Medicine Clinic at the South Health Campus in Calgary, Alta, identified a need for patient and community advisory expertise regarding clinic initiatives and quality improvement. A council was proposed to engage patients and citizens in exploring meaningful ways to drive innovation and improve the care experience.

Program description The Academic Family Medicine Clinic partnered with the South Health Campus Patient and Family Centred Care staff in developing a dedicated family medicine patient and community council. The resulting committee of 6 volunteers and 3 staff members has delivered presentations to incoming family medicine residents and staff on the role of a patient advisory council; advised on methodology to collect and represent broad patient perspectives; provided patient-perspective input to operations management and quality improvement committees; developed a pilot patient satisfaction and experience survey; and brought additional perspective, based on learnings from other industries and professions with experience in "customer service," on how to enhance the quality of the patient experience.

Conclusion A patient advisory council has the potential to reach beyond simple patient engagement toward functional involvement in decision making about clinic operations.

EDITOR'S KEY POINTS

- In order to provide a patient-centred environment that accurately reflects the qualities valued by patients, family medicine clinics might benefit from adopting a formal mechanism for patients and citizens to inform and advise decision makers about the prioritization of initiatives and operational elements of the medical home.
- Patients and citizens can be productive and enthusiastic participants in the health care process through a patient and citizen advisory council. Learners, patients, staff, and physicians might benefit from the broader perspective represented by such a council.

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Un comité consultatif formé de patients et de citoyens dans une clinique de médecine familiale

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Résumé

Problème à l'étude La participation des patients est un élément essentiel du modèle du centre de médecine de famille. Le concept des soins centrés sur le patient ne se limite pas à ce qui se passe dans la salle d'examen. Les décisions concernant le mode de fonctionnement de la clinique, son flux opérationnel et les initiatives auxquelles donner priorité doivent aussi tenir compte de l'opinion des patients.

Objectif du programme La clinique universitaire de médecine familiale du *South Health Campus* à Calgary, en Alberta, a senti le besoin d'avoir l'avis d'un comité consultatif formé de patients et de citoyens de la collectivité pour les questions concernant les projets de la clinique et l'amélioration de la qualité des soins. On a proposé de créer un comité consultatif afin d'amener des patients et des citoyens à chercher des moyens efficaces pour stimuler l'innovation et améliorer l'expérience des soins.

Description du programme La clinique universitaire de santé familiale s'est associée au *South Health Campus* de Calgary, en Alberta, pour créer un comité consultatif spécial formé de patients de la clinique et de membres de la collectivité locale. Ce comité, formé de 6 volontaires et 3 membres du personnel, a expliqué aux nouveaux résidents en médecine familiale et membres du personnel le rôle d'un comité consultatif de patients; il les a informés sur la façon de recueillir et de rapporter les opinions des patients; il a transmis l'opinion des patients aux responsables des opérations et aux comités qui travaillent à l'amélioration de la qualité; il a élaboré un sondage pilote portant sur la satisfaction et l'expérience des patients; et il a transmis d'autres points de vue, fondés sur les leçons apprises dans d'autres industries et professions ayant une expérience du « service à la clientèle », sur les façons d'améliorer la qualité de l'expérience vécue par le patient.

Conclusion Avec un tel comité consultatif, le patient pourrait cesser d'être un simple observateur du fonctionnement de la clinique pour devenir un acteur important des décisions qu'on y prend.

POINTS DE REPÈRE DU RÉDACTEUR

- Afin d'être un milieu centré sur les patients et qui reflète vraiment les qualités qu'ils recherchent, les cliniques de médecine familiale pourraient avoir avantage à adopter un mécanisme formel par lequel les patients et les citoyens informeraient et aviseraient les responsables quant à la priorité à donner aux initiatives et aux éléments opérationnels du centre de médecine de famille.

- Les patients et les citoyens peuvent être des participants productifs et enthousiastes au sein du processus des soins de santé par l'entremise d'un comité consultatif. Les étudiants, les patients, le personnel et les médecins pourraient profiter de la perspective plus large qu'un tel comité serait susceptible d'offrir.

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The College of Family Physicians of Canada has highlighted the attention that patient and public engagement is currently receiving at each of the local family practice, the regional, and the provincial authority levels.[1] Patient engagement is also integral to the operation of the Patient's Medical Home model.[2] Comprehensive patient-centredness needs to encompass more than simply medical interaction in the examination room. Decisions around initiative prioritization, clinic work flow processes, and components of care affecting the quality of the patient experience also warrant a patient-centred perspective. The site leadership dyad (clinic manager and site medical lead) of the Academic Family Medicine (AFM) Clinic at the South Health Campus (SHC) in Calgary, Alta, recognized a potential gap between health care provider assumptions and the reality of what patients perceive to be most valuable in the clinic service environment and encounters.

Objective of program

A patient advisory council had been proposed as a formal mechanism for the regular, welcome provision of patient perspectives about AFM clinic initiatives and quality improvement. In recognition of the potential additional expertise and innovative system thinking that community members possessing specialized experience might bring, the membership scope was broadened to reflect a group of patients and citizens with common interest in promoting innovation.

Stated initial objectives in the proposal were to engage and learn from the perspectives of patients and citizens in meaningful ways, to drive innovation while improving care experiences, to build the customer service concept and culture for the AFM clinic, and to advise AFM clinic leadership on prioritization of efforts and initiatives.

Description of program

Literature reviews (undertaken by R.T.G.) in 2012 produced little methodology guidance for establishing patient advisory councils in the family medicine clinic setting. After a general Internet-based review of client advisory and focus group use in other industries, and discussing informal and unpublished process guidelines with health care leaders who had developed patient advisory groups in other settings, the SHC–AFM clinic dyad reviewed the ongoing SHC facility-level experience and process around the SHC's Community Advisory Team (CAT). Our dyad recognized that factors that had contributed to the success of CAT included visibility and relevance, facility administration and medical leadership support of a prominent advisory role, and administrative logistical support from the facility.

The AFM clinic partnered with the SHC Patient and Family Centred Care (PFCC) staff to create the AFM Patient and Citizen Innovation Council (PCIC). A formative working group (consisting of the AFM clinic manager, site medical lead, and PFCC manager) strategized to recruit members with a broad "advisory" focus, previous customer service orientation or expertise, and a record of successful committee work. Development of a draft terms-of-reference document, a promotional poster, brochures explaining the proposed committee, and an expression-of-interest pathway followed. A patient advisor role description defined general attributes, expectations, and responsibilities for facility volunteers and specific expectations for this council role.

Patients and the public were made aware of the intent to recruit members via posters in the AFM clinic and the SHC facility. Clinic physicians and staff were asked to suggest target nominations from among known patients and community members, after receiving guidance regarding the characteristics sought. A presentation was made to CAT requesting feedback on our proposed approach and seeking volunteer membership from within that group.

The working group conducted applicant screening and interviews of the interested candidates, with security checks and volunteer "on-boarding" facilitated by staff of the PFCC department. A committee of 6 volunteers (2 clinic patients, 2 CAT members, and 2 community members), plus 1 PFCC staff member and 2 AFM members (site dyad) resulted. Five evening meetings per year were planned. **Box 1** summarizes group activities since the inaugural meeting in May 2014.

Discussion

To date, there have been no negative outcomes from the process. It was recognized early in the planning that there would be the potential for a group to become unproductive if any member were motivated by a desire to advocate regarding a solitary focus on some perceived flaw or past adverse experience in the health care system. All messaging in the recruitment process emphasized the orientation of the role as involving broad focus and being advisory, rather than advocacy oriented, in nature.

The application and interview process was designed to increase the probability of recruiting members with a quality improvement focus and communication abilities appropriate for group advisory work. Messaging was clear that responsibility for clinic decisions remained with the dyad and that volunteers would act as consultants only, with no access to patient medical information. To ensure volunteer advisors were confident that their input would be heard by clinic representatives committed to the process and with the authority to make decisions, the site dyad was maintained as the council clinic representation.

Volunteer members having industry experience, orientation, or expertise in customer service, communications, and information technology was viewed as

Box 1. Summary of the PCIC's activities

The following are some of the activities completed by the PCIC to date:

- Adopted terms of reference
- Delivered presentations to incoming family medicine residents and staff on the role of the PCIC
- Established patient liaisons with physicians, staff, and quality improvement committees
- Advised on methodology to collect and represent a broad patient perspective
- Considered quality of the patient experience from a "customer service" focus
- Conducted a pilot patient experience survey
- Developed secondary objectives as follows:
  - -Identify service gaps within the SHC and AFM clinics and the community
  - -Evolve the medical home concept to meet the needs of patients and families
  - -Drive innovation in community-based primary care
  - -Model for our residents and surrounding community practices one successful method for embedding patient advisory groups into clinical design
  - -Study and report on the value and usefulness of patient advisory groups in the family medicine clinical setting, based on the experience in our setting

AFM—Academic Family Medicine, PCIC—Patient and Citizen Innovation Council, SHC—South Health Campus.

highly valuable in the recruitment process. The resulting membership has expertise in customer service in the finance field, management expertise in the hospitality field, and information technology experience in the industrial field, balanced with previous health discipline expertise from volunteers with nursing and pharmacy backgrounds. Experience ranges from university student to midcareer and retiree levels. Further, 3 members have had high levels of personal or family interaction at multiple levels of the health care system. Because the priority is that this small group serve an advisory role for clinic leadership regarding clinic processes and innovation, rather than a purely representational or advocacy role, the recruitment focus was on a reasonable mix of expertise and experience as opposed to representational diversity (culture, sex, etc).

The site leadership dyad learned that patients and community members are interested in assisting in improving clinic processes, including helping to prioritize initiatives, providing patient perspectives on operational decisions, and being present on staff and physician committees, in quality improvement groups, and at resident orientations. Volunteers have demonstrated leadership by scanning for applicable initiatives to bring to the attention of physicians and staff.

The activity of the PCIC has been received with enthusiasm by clinic staff, physicians, and other patients, and the contributions of PCIC liaison members to other clinic committees have been welcomed and positive. An unexpected positive outcome was the group volunteering to bring the message of patient involvement and engagement to clinic learners, which prompted presentations to the last 2 annual groups of incoming first-year residents by PCIC members. Ongoing visibility of volunteer members has helped foster a culture of increased consideration of patient perspectives throughout the operational planning process.

Group members have been a valuable resource in conducting an in-person survey of arriving patients regarding patient experience and satisfaction with clinic services. A volunteer group member also designed messaging for electronic message boards at the facility promoting the Patient's Medical Home and the availability of clinic services.

With no honoraria to group members, the financial costs for establishing and maintaining the committee have been minimal, consisting primarily of meal costs for the evening meetings. Staff members in the group incorporated PCIC activity into their usual workload without incurring additional cost. Much of the administrative activity burden around recruitment, interview coordination, and volunteer on-boarding was borne by staff from the SHC PFCC department. Clinics wishing to establish a similar group in a community setting might have fewer resources available and might incur additional staff and meeting space costs.

While administrative support personnel have not been in attendance at meetings, a clinic administrative staff member has proven invaluable in coordinating meeting times and space, facilitating communication with group members between meetings, and managing documentation of group activity. In addition, during the first year, the site medical lead served as group chairperson. As volunteer members developed experience with the clinic and committee processes, nominations were requested for a cochair from among the volunteers to assume future responsibility for oversight of agendas and conducting meetings.

Box 2 outlines anticipated areas of PCIC focus and **Box 3** outlines comments from volunteer members regarding areas of anticipated success.

Conclusion

As was hoped, beyond the first few meetings of the council (where some priming of the discussion was

Box 2. Future areas of PCIC focus

The following are future areas of focus for the PCIC:

- Develop systems to routinely and accurately measure and enhance patient satisfaction
- Immerse our learners in a culture of patient-engaged clinic service
- Develop a mechanism for ongoing evaluation of the outcomes and effectiveness of PCIC activity

PCIC–Patient and Citizen Innovation Council.

Box 3. Comments from the PCIC volunteers

The following are future areas of focus for the PCIC:

- "focus on 'new' family doctors as another key tool in the PFCC toolbox using the SHC success to expand across city and region"
- "enhance the patient service experience focusing on both the provision of care and the engagement of patients in that care"
- "guide the leading edge of best practice in moving patient-centred care from ideas to action"
- "disrupt and innovate our patient care model to become a best-in-class example for exceeding patient and staff expectations"

PCIC—Patient and Citizen Innovation Council, PFCC—Patient and Family Centred Care, SHC—South Health Campus.

required by the planning team) volunteer members have provided spontaneous thinking regarding potential additional areas for council focus. The full potential of this model in the family medicine clinic likely has yet to be realized, but our experience to date has been positive.

While patient engagement has received increased focus in recent years and is a key component in the evolution of the Patient's Medical Home, a PCIC is one approach that has the potential for the scope to reach beyond simple patient engagement and toward functional involvement in decision making about clinic operations. As no evidence of the existence of similar councils dedicated to the academic family medicine setting was found elsewhere in Canada, the methodology adopted here might be an appropriate starting template for other family medicine clinics.

A mechanism to routinely assess the effects and effectiveness of PCIC activity is currently in the development phase. Overcoming potential barriers to replicating the process described in this paper in the larger non-academic community setting also warrants consideration.

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Contributors
All authors contributed to the concept and design of the program and preparing the manuscript for submission.

Competing interests
None declared

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